

ing of plague in man, there we will find plague infected rats—or squirrels. A careful inspection of all dead, for a period of about six months, will pretty conclusively demonstrate the presence or absence of plague in any locality, and it should be done immediately in many sections of our state. The only question is whether we shall do it now, of our own volition, or wait till we are forced to do it by means that will be very unpleasant, to say the least.

Once again the JOURNAL feels called upon to emphasize the fact that all laws regulating the practice of medicine are police measures intended for the protection of the public against predatory greed and ignorance. Neither legislatures, courts nor judges are at all interested in the various schools of the art of treating the sick or injured; they can not, constitutionally, legislate in favor of any class, and medical laws are not in any particular intended to favor or protect any class or school of physicians. If they do in any way protect physicians as well as other members of the body politic, it is incidentally and not essential to their operation. That the public needs all the protection that any legislature can be induced to give, is axiomatic, with us, for we know the gullability of the average sick layman. How can he be expected to know the incurability of *tabes dorsalis*? And the blind credulity of one in the last stages of tuberculosis is not alone a matter of general knowledge, but is so well understood that it has made hundreds, if not thousands, of conscienceless sharks rich. Just as it is well to keep poisoned gumdrops from a child, so is it well to keep the foolish and credulous layman from the greedy clutches of the quack; we know it, but neither the child nor the layman can understand these things. All this is apropos of some very good resolutions recently passed by the Los Angeles County Medical Association, and published elsewhere in this number of the JOURNAL. They sound an unmistakable note of endorsement of the present law and of the work the board is attempting in the matter of the suppression of quacks and pretenders, and it would be an excellent thing for every county organization in the state to endorse these resolutions and thus record itself. And not alone must our support be moral; we must aid in beginning the work with our financial support. As already pointed out, in a previous number of the JOURNAL, the board is without funds to undertake these prosecutions, and until a sufficient number of fines have been paid, it will be without resources.

Why should we put our hands in our pockets to aid in this work? Because, incidentally, our profession benefits in reputation by the extinction of the quack. The general public's ignorance, which is appalling, does not permit it to discriminate between the competent physician and the soft-spoken, well appearing, suave and greedy quack. Any one calling himself "Doctor" will be

accepted as such by the public, and the quack passing himself off as a "Doctor"—Quaker, Indian or otherwise—brings discredit upon our whole profession by his very existence and his ignorant acceptance by the public. Of course, there will always be those who are pining for the worship of strange gods. So long as material things wear out, so long as human credulity lasts, so long as many diseases and complications remain incurable, so long as the primal instinct of superstition remains in the human mind, so long will there be those who will not believe in the verdict of the physician, but will abide in a magnificent faith that somewhere, somehow, something, will cure them. We imagine that about as long as there is any human race, there will be eddyism, or some other fool thing to take its place when eddyism shall be forgotten, and there will be venders of "patent medicines" which will appeal to a certain element as the thing desirable above medical advice. That is all right; it is human nature and in no way affects the proposition that we should do our own duty, as we see it, and help to protect the public ignorance, as far as we can, from the consequences of its abiding faith and superstition. It is right, and our duty, to do everything in our power to see that the medical law is supported and lived up to and enforced; and, incidentally, it will enhance the respect paid to our profession when the quack and the pretender shall have been driven out. It has been said that there never was a law that did not do injustice to somebody, and that is eminently true of medical laws in general. But while the occasional case of hardship should excite our compassion, it should not divert our attention from the greater good which is given to the enormously larger number of people. Our law is by no means a perfect instrument; but it is a good, safe one and should be rigidly lived up to. It is the best law we have yet had to protect the public from their folly, and it is the duty of every one of us to make it his personal business to see that the law is enforced, or know the reason why.

There was recently held, in the City of New York, the annual meeting of the American Pharmaceutical Association. It was notable for the reason that at least two distinguished delegates from the American Medical Association were in attendance, and that their addresses provoked very general and very interesting discussion of the question of the relation of the pharmacist to the physician. It may be said, in passing, that the A. Ph. A. represents, more especially, the scientific side of pharmacy, whereas the National Association of Retail Druggists devotes the major portion of its energies to the "patent medicine" business, urges druggists to "boost" almost any old thing that can be sold at a profit—even "peruna"—and mixes, or did mix, unpleasantly in state politics with the purpose of annoying physicians. This last allegation was made by Dr. J. N. McCormack, in his address, and was hotly denied by several of those who subsequently discussed his remarks. It is to be re-

gretted that Dr. McCormack did not have at hand the data to confound these gentlemen and support his statement, which, as the JOURNAL has more than once proved, was absolutely correct. It is unfortunate that we have not the space to publish Dr. McCormack's paper in full, as well as that of Dr. Solomon Solis-Cohen, as they both ring true. That there have been mistakes made on both sides, and that all the right is with neither the physician nor the pharmacist, this JOURNAL has repeatedly pointed out. Indeed, memory fails to recall any publication in this country, medical or pharmaceutical, that has more energetically pointed out the ways in which physicians have been led into doing injury to the pharmacist, than has your own STATE JOURNAL. It is a lot better to work together in peace and harmony than to be eternally at loggerheads, and as we have all made mistakes, let us not waste time in abusing each other—the task of the pot calling the kettle black is neither entertaining nor cleanly—but let us try and “get together” and do away with the objectionable things in both camps. Let the physician enlighten himself on the subject of materia medica and cease from being led into ordering every new and foolish thing that comes along, thus burdening the pharmacist unnecessarily; let him use intelligence in prescribing and thus encourage the pharmacist in compounding and permitting him a decent profit on his prescriptions. The Council on Pharmacy and Chemistry is printing very edifying reports that should be carefully studied by us all to the end that we learn how useless are many of the “ready made” medicines we have been coaxed into using—to the detriment, professional and financial, of the pharmacist. And let the pharmacist cease from counter prescribing and holding himself out as a genito-urinary specialist; let him quit the highly undignified course endorsed by the N. A. R. D. of “pushing” any old “patent medicine” that he can buy for \$8.00 a dozen and sell for \$1.00 a package. Let us each try to clean up our own premises and thus make good use of the energy we would otherwise employ hammering the other.

Elsewhere we publish some remarks from Mr. Alpers, of New York. Hr. Alpers thinks he has been sadly injured by this JOURNAL and we feel somewhat sorry for Mr. Alpers, who for some years has been one of the leading pharmacists of New York City, and a very distinguished member of the American Pharmaceutical Association. He was interested in the chemistry of guaiacol derivatives and a few years ago developed one which he called “triacol” (Alpers). This was exploited to the medical profession by a company formed, presumably, for that purpose, and was found to have some merit, we believe. In the JOURNAL for September, 1906, we called attention to an advertisement of “triacol (Alpers)” that appeared in the current number of *Ainslee's* magazine and which was pretty rank; an out and out “patent medicine” advertisement. Our article was reprinted by the *Journal A. M. A.* and subsequently included in the

booklet gotten out by the Association. Mr. Alpers says he has been injured financially as a consequence, for many of the leading physicians of New York withdrew their patronage from his store. As a further injurious result of our article, he stated that objection had been raised to his holding the office of president of the New York Branch of the American Pharmaceutical Association. He says that he has no control of the Alpers Chemical Company, which promotes “triacol (Alpers),” yet he is a stockholder and a director in it. He presumably permits his name to be used in the title of the company and in connection with the remedy, yet did not know, according to his statement, that the name and the remedy had been exploited exactly as any other “patent medicine,” as witness the following quotations from the *Ainslee* ad: “*Interesting booklet sent on request, telling what triacol (Alpers) has done and is doing in the cure of coughs, bronchitis, etc.*” \* \* \* *At all department stores and druggists. Price \$1.00, express prepaid.*” The JOURNAL feels sorry for the fact that Mr. Alpers has been injured in his good name and in his purse, but it fails to see how he can blame anyone but himself, or his business associates whose commercial activity permitted the use of a name which had, for so many years, been highly honored in the councils of the American Pharmaceutical Association and amongst pharmacists generally. It is unfortunate that such things should occur; very unfortunate both for medicine and for pharmacy. But if they were ignored, how much greater would be the misfortune, for how many more such instances would we see?

What shall we do—what can we do—if we see our community threatened by some epidemic and the threat made more portentous by the wilful blindness, or worse, the SLUMBER OR WORK? would-be political jugglery of those who have been elected to govern it, our supervisors, councilmen, etc? Well, there are several things we can do. We may sit complacently and smile the inward smile of conscious virtue and wisdom and let things take their course, afterward getting the inane “I told you so” out of the system. Or we may slumber peacefully, in the slumber that is so near to death that we won't know when we really *are* dead, and mutter in our sleep that “politics is dirty” and that we shall have none of it; it is not ours to govern the community. Or we can do something a little more intelligent and manly; we can demand—not ask—that rectitude and common sense rather than trickery and peanut-politics guide our governors in safeguarding the public. We have had two excellent examples of this latter spirit in this state very recently. A good live committee of the San Francisco County Medical Society was, let us say to a small extent, instrumental in securing the retirement of the old and inefficient Board of Health and the appointment of a reliable board. Still more recently, the JOURNAL is advised, it came to the attention of the local County Medical Association, that some of the health inspectors of Los Angeles were to be removed—pos-